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CHAPTER 17

RESERVE MISCELLANEOUS PAYMENTS1701 RESERVE MISCELLANEOUS PAYMENTS170101. Payment On Behalf Of Mentally Incompetent Members

- A. Reference. “DoDFMR”, Vol. 7A, Chapter 57; JAGINST 5800.7.
- B. Substantiation. Report from a medical board certifying that the reservist is mentally incapable of managing own affairs.
- C. Commander's Action. Forward medical reports to the DFAS-PMMC/KC.
- D. DFAS-PMMC/KC Action. Upon receipt of the substantiating documents:
 - 1. Report TTC 539, SEQ 001, (see appendix F), make no payments until a trustee or guardian has been appointed, cancel any undelivered checks and report the credits with TTC 512, SEQ 000 (see paragraph 050307 and appendix F).
 - 2. Issue payments on a monthly basis for the amounts shown on the MMPA after appointment of a trustee or guardian. Generally no money will be due following the active duty period in which the member became mentally incompetent unless disability pay and allowances are issued and a Notice of Eligibility has been issued.
 - 3. Report the payment on an SF 1034: Public Voucher for Purchases and Services Other Than Personal, and issue all checks in the name of the trustee or guardian as required by JAGINST 5800.7. Then, report the payment with TTC 694, SEQ 003 (see appendix F) and mail the payment to the address shown in the letter appointing the trustee or guardian.
 - 4. Report entitlements or miscellaneous credits with TTC 694, SEQ 002 (refer to appendix F--the effective date is the date of disability). If civilian wages are less than the military entitlement, refer to the “DoDFMR”, Vol. 7A, Chapter 57, table 57-3, rules 3, 4, 6, and 7. Repeat this process every 30 days.

170102. Pay Entitlements Of Members Missing, MIA, Interned, Captured, Etc

- A. Reference. “DoDFMR”, Vol. 7A, Chapter 34, and Chapter 57.
- B. Substantiation. Unit diary.
- C. Action. The DFAS-PMMC/KC will make all payments directed by the HQMC.

170103. Pay And Allowances While Disabled

A. Reference. “DoDFMR”, Vol. 7A, Chapter 57, tables 57-3 through 57-5; SECNAVINST 1770.3; MCO 1770.2A.

B. Substantiation. Notice of Eligibility Benefits/Waiver Certificate.

C. General. A reserve member who becomes disabled due to an injury incurred or received while performing active duty for 30 days or less, inactive duty (drills), or traveling to or from such duty, is entitled to regular Reserve pay for the duration of the orders. If the disability continues beyond the termination date of orders, any entitlement to continuation of disability pay will be based on the member's civilian job status and benefits. Reserve members on active duty for 31 days or more are entitled to disability pay and allowances commensurate with the regular force. Refer to “DoDFMR”, Vol. 7A, for a reserve member's disability pay entitlements.

D. Commanding Officers Responsibilities. The commanding officer is responsible for notifying the HQMC/RAM-3 of any injury/accident. The HQMC/RAM-3 will make the final determination as to whether the member is fit/unfit for military duty, and whether entitlement to continued disability pay beyond termination of orders is appropriate. After being notified that eligibility for continued disability pay exists, the commanding officer will:

1. Advise the member of the entitlement to continued disability pay and allowances.

a. Provide the member with a notice of eligibility benefits/waiver certificate and provide instructions and assistance in completing part I.

b. Provide instructions on completion of part II to be completed by the employer (if the member is self-employed part II must also be completed). If the member is unable to take the certificate to the employer because of the nature of the injury, the commanding officer must mail part II of the certificate to the employer with a stamped self-addressed envelope for completion and return.

c. Advise the member of the requirement to be recertified every 30 days and to notify the commander of any change of status in between this time.

2. Complete part III.

★3. Submit the required documents through the MCMEDS System to HQMC/RAM-3. File one copy in the unit files. HQMC/RAM-3, will forward the approved documents to the MOBCOM Finance Officer, Reserve Pay for payment actions.

4. Initiate 30 day recertification process (must be done in a timely manner for continued pay service by the MOBCOM Finance Officer, Reserve Pay.

E. For members injured or becoming sick prior to 15 November 1986, refer to MCO P1080.40 for reporting instruction.

★F. MOBCOM Finance Officer, Reserve Pay Responsibilities. Upon receipt of the Notice of Eligibility (NOE) Benefits/Waiver Certificate, research and process for payment within five working days as follows: Open up a case folder. Annotate on the outside of the folder the member's name and SSN. Each case is to be maintained in a Disability File until a member is no longer in a disability status and is returned to a full duty status.

2. File all NOE documentation pertaining to a member in the folder. The BAH chart and NOE record form are filed on the left side of the folder and all worksheet(s) and MCMEDS requests filed on the right side of the folder.

3. Each Reserve member's NOE period will be recorded on the NOE Record Form. See figure 17-1. The Secretary of Navy must approve those NOE's that are in excess of six months.

4. Computing Civilian Wages. The top portion of the Employer's Certification Form provides a member's earned income and the bottom portion provides the amount from the employer's income protection plan, etc. Add these two amounts together to get a total of civilian earnings. When computing civilian wages that do not fall within the same period as the NOE, civilian earned income is computed as follows. When computing use a thirty-day month.

a. Divide the total civilian wages by the number of days provided by the member's employer.

b. Multiply this amount by the number of days for the NOE period.

Example. An employer's statement reports wages for the period, May 1- June 15, 2004, as \$1,800.00. The NOE period is 05/16/04 – 06/15/04 (30 days). Divide \$1,800.00 by 45 days (May 31st is not counted) = \$40.0000. Round to four decimal places. Multiply \$40.000 by 30 (NOE days) = \$1200.0000 or \$1200.00. This is the member's civilian earned income for the NOE.

5. Missed Drills. Missed drills are the scheduled drills a member could not attend because of injury. If a member's NOE entitlement is more than their civilian earnings and there were missed drills during the NOE period; a member is entitled to be paid the number of missed scheduled drills up to and equal to their NOE entitlement. The entitlement to missed drills is taxable income. The Reserve Unit is required to provide the number of actual missed drills in the NOE package. The following examples are provided.

Example 1. Total NOE entitlement is \$4,500.00, total civilian earnings are \$4,000.00, the member is entitled to \$500.00. The unit reported four missed drills, which equals \$645.00. The member is entitled to \$1,145.00.

Example 2. Total NOE entitlement is \$6,545.50 and total civilian earnings are \$7,545.00. The member is not entitled to any NOE entitlements. However, the unit reports four missed drills, which equals \$845.75 (taxable). As such, the member is entitled to \$845.75.

6. Computing NOE Entitlements. NOE entitlements are figured on a thirty day month. When a NOE is received on a member for the first time and the NOE period is 30 days or less; and the 31st day of the month is included, compute the NOE entitlements to include the 31st day of the month. Upon receipt of a second NOE package and the periods are consecutive and the two NOE periods together exceed 30 days. A member is not entitled to the 31st day of NOE entitlement for the first NOE period and the pay and allowances previously paid for the 31st must be checked. The following examples are provided.

Example 1. NOE package is received for the period 07/20/04 – 07/31/04 (12 days). Compute the NOE period to include 07/31/04. At a later date, a second NOE package is received for the period 08/01/04-08/24/04 (24 days). Since the two NOE periods are consecutive and they exceed 30 days, the member is not entitled to the pay and allowance entitlements previously paid on 07/31/04.

7. Lost Civilian Income (LCC). This is the amount of lost income provided by a member's employer. This is provided in the NOE package. A member is entitled to the lesser of the LCC and their NOE entitlement. Sometimes, a member may have already received an NOE payment for a specific period. The LCC period may be for a day or more the member was unable to work at their civilian job due to a doctor's appointment, etc.

8. Types of NOE Payments. There are three types of NOE payments. A NOE when a Reserve member does not have any civilian earned income, has civilian income and when there is lost civilian income. To determine the proper entitlements for payment, use the NOE Worksheets. See figures 17-2 and 17-3. A separate NOE Worksheet is required when a NOE period extends into another fiscal year (i.e., 09/16/04 – 10/16/04). Using the MCTFS, verify that there are not any periods of active duty (30 days or less) or drills that have posted (D987 and S987) during the period of the NOE. If there is a discrepancy, notify the administrative office that payment for the NOE can not be made until the discrepancy is corrected.

★G. Computing an NOE Without Civilian Income. Using the NOE worksheet (figure 17-2) compute payment as follows:

Example. Corporal (O/4) is injured and is entitled to pay and allowances for the NOE period 08/09/04 – 09/24/04. The member did not miss any scheduled drills during this period.

Step 1.A. Computing Pay and Allowances due.

Monthly Basic Pay: \$1814.10 divided by 30 x 46 days = \$2,781.62
 Incentive Pay: \$ 00.00
 BAH: \$722.00 (W/Dependents) divided by 30 x 46 days = \$1,107.07
 BAS (RIKNA): \$8.75 x 46 = \$402.50

<u>Step 1.B.</u> Civilian Earned Income	\$ 00.00
	Total: \$4,291.19

Step 2. Total in Step 1.A \$4,291.19 less Total in Step 1.B \$00.00 =
\$4,291.19

Step 3. Missed Drills: None = \$0.00

Step 4. \$4,291.19 plus Step 3 = \$0.00, Amount Due Member \$4,291.19. This amount can not exceed the total amount in Step 1.A.

Step 5. Report the entitlements due the member using TTC 694, SEQ 002, along with the correct disability numeric pay code(s) (see appendix E, Table D). Taxable NOE pay entitlements can only be reported up to maximum of 30 days.

Pay Code

BP	50200	\$1,130.34 (Aug 9-30)
BP	50200	\$1,145.128 (Sep 1-24)
BAH	50229	\$1,107.07 (Aug 9-Sep 24)
BAS	50224	\$ 402.50 (Aug 9-Sep 24)

★H. Computing an NOE With Civilian Income. Using the NOE worksheet (see figure 2) compute payment as follows:

Example. SSgt (O/18) is injured and is entitled to pay and allowances for the NOE period 07/17/04 – 07/30/04. The member missed 4 scheduled drills (2 drills 07/17 and 2 drills 07/18).

Step 1.A. Computing Pay and Allowances due.

Monthly Basic Pay:	\$2,809.80 divided by 30 x 14 days = \$1,311.24
Incentive Pay:	\$ 00.00
BAH: (W/O Dependents)	\$639.00 divided by 30 x 14 days = \$298.20
BAS (RIKNA):	\$8.75 x 14 days = \$ 122.50

	Total	\$1,731.94
<u>Sept 1.B.</u> Civilian Earned Income		\$4,333.50

Total: \$4,333.50

Step 2. Total in Step 1.A \$1731.94 less Total in Step 1.B \$4,335.50 = \$0.00

Step 3. Missed Drills: July 17- 2 drills – July 18, - 2 drills \$2,809.80 divided by 30 x 4 drills = \$374.64

Step 4. \$0.00 plus Step 3 \$374.64 = Amount Due Member \$374.64 (This amount can not exceed the total amount in Step 1.A.

Step 5. Report the entitlements due the member using TTC 694, SEQ 002, along with the correct disability numeric pay code(s) (see appendix E, Table D). Taxable NOE pay entitlements can only be reported up to maximum of 30 days.

Pay Code		
BP	50200	\$374.64

★I. Computing an NOE With Lost Civilian Income (LCC). Using the NOE worksheet (see figure 3) compute payment as follows:

Example. The NOE package provides that a Major O/18)) has LCC in the amount of \$1,500.00 for the NOE period 01/20/04 – 01/24/04 (5 days). The member did not miss any scheduled drills during this period.

Step 1.A. Lost Civilian Income \$1,500.00

Sept 1.B. Computing Pay and Allowances due.

Monthly Basic Pay: \$5,733.00 divided by 30 x 5 =	\$ 955.50
Incentive Pay: \$00.00	
BAH: \$1,317.00 (W/Dependents) divided by 30 x 5 days =	\$ 219.50
BAS \$167.20 divided by 30 x 5 days =	\$ 27.85
Total =	\$1,202.85

Step 2. Compare the amounts in Steps 1.A and 1.B, report the lesser amount, of \$1,202.85. (If LCC is to be reported go to steps 3, 4 and 5. If crediting pay and allowances, credit the pay and allowance entitlements in Step 1.B and go to Step 5.

Step 3. Missed Drills =None.

Step 4. LCC \$00.00 plus Missed Drills \$00.00 = \$00.00

Step 5. Report the entitlements due the member using TTC 694, SEQ 002, along with the correct disability numeric pay code(s) (see appendix E, Table D). Taxable NOE pay entitlements can only be reported up to maximum of 30 days.

Pay Code		
BP	50100	\$955.50
BAH	50110	\$219.50
BAS	50124	\$ 27.85

★J. When reporting pay and allowance entitlements, the effective date of the diary date is the last day of the NOE period each month, except when the NOE extends over fiscal years. For example, an NOE period is 09/16 – 10/16, 2004. When reporting pay and allowances due for the period 09/16-30/04, the diary date is 09/30/04. When reporting pay and allowances for the period 10/16-31/04, the diary date is 10/16/04.

★K. When a member does not have any NOE entitlements due, notify the reserve unit (via MCMEDS) with a notice providing an explanation. The notice is to have the statement: NOE package for the member approving incapacitation pay for the period stated was computed and the member is not entitled to any pay and allowance because: Provide an explanation. (i.e., the member's civilian earned income exceeded their entitlement to pay and allowances and there were not any missed drills reported).

★L. When completed, file copies of the NOE package and the worksheet(s) in the case folder.

170104. Payments On Behalf Of Deceased Members

A. Death Gratuity

1. Reference. "DoDFMR", Vol. 7A, Chapter 36, Chapter 44, table 44-1, notes 11 and 12, Chapter 57; and MCO P3040.4.

★2. Substantiation. DD Form 397: Claim Certification and Voucher for Death Gratuity Payment (see figure 17-4).

3. HQMC/MHP Action. Direct payment and forward the DD Form 397 to the DFAS-PMMC/KC.

4. DFAS-PMMC/KC Action

a. Research the member's MMPA for outstanding checkages and credits.

b. Report pay hold flag (TTC 539, SEQ 001), using the current date as an effective date.

c. Ensure that all undeliverable payments have been returned and canceled.

d. Prepare a memorandum advising that a member is deceased and request that DD/EFT payments be stopped. Forward the original to DFAS-ADM/KC.

e. Attach latest copy of the member's LES and DD/EFT memorandum to the DD Form 397 and forward to DFAS-AD/KC for payment.

5. Commanding Officer/Casualty Assistance Officer

a. Personally deliver the death gratuity check to the payee and have the payee complete item 15 of the DD Form 397.

b. Obtain the witnesses' signatures and addresses in block 17 of the DD Form 397.

c. Complete item 16 when the payee is other than the deceased member's widow/widower.

d. Return the original DD Form 397 to the finance officer who made payments, along with a copy to the DFAS-PMMC/KC.

B. Settling Deceased Member's Accounts

1. Reference. "DoDFMR", Vol. 7A, Chapter 57, and Chapter 36.

2. Substantiation. Unit diary, DD Form 1300: Report of Casualty.

3. DFAS-PMMC/KC Action

a. Research the member's MMPA for outstanding checkages and credits.

b. Report pay hold flag (TTC 539, SEQ 001) using the current date as an effective date.

c. Ensure all undeliverable payments have been returned and canceled.

d. Prepare a memorandum advising that member is deceased and request that DD/EFT payments be stopped. Forward original to DFAS-ADM/KC.

e. Attach latest copy of the member's LES and copy of DD/EFT memorandum to the DD Form 1300 and forward to DFAS-AD/KC for payment.

4. DFAS-AD/KC Action. Prepare the final settlement payment as directed by the HQMC.

170105. Disability Severance Pay

A. Reference. "DoDFMR", Vol. 7A, Chapter 57, Chapter 58, and Chapter 35.

B. Substantiation. The reservist's separation orders, complete with all endorsements. The orders must specify entitlement and contain a statement of the reservist's total active service, less periods covered by a notice of eligibility, and a statement of the periods inactive duty points were earned (do not include membership points). Also, the "Note" block on the orders needs to include the statement of circumstances in which the member was disabled and indicate if it was during a "simulation of war".

C. MOBCOM Finance Officer, Reserve Pay Action

1. Determine the amount of the entitlement, and report the credit with TTC 526, SEQ 002 or 003 (see appendix F and note below).

2. Send a letter to the Veterans' Administration regional office nearest to where the member resides advising them of the gross amount of disability severance pay entitlement. Include the member's name, grade, SSN, branch of service, date of separation, and permanent mailing address.

Note: Use SEQ 002 (tax code (4)) only if the member was a member or was under a binding written commitment to become a member of the U.S. Armed Forces on or before 24 September 1975.

170106. Claims For Pay

A. Types of Claims. Pay and allowances due a member are normally paid on a current basis. Occasionally, it may be necessary for a member to file a claim for arrears in pay believed to be due. The member will submit a claim and all pertinent supporting documents available, as in the following examples:

1. Separations. Pay believed due if separated or if separation will occur before entitlement can be properly established.

2. Documents Lost or Missing. Pay believed to be due from a current appropriation but for which the records required to establish entitlement are missing.

B. Submission of Claims

1. A member of the SMCR or IRR filing a claim for a period when the member performed IDT periods, AT, or active duty for less than 30 days, must submit a DD Form 827: Application for Arrears in Pay to the MOBCOM Finance Officer, Reserve Pay for action. Include a point of contact and a commercial and DSN phone number, if applicable. If they cannot resolve the claim, they will forward the DD Form 827, with an endorsement stating why the claim could not be settled and other pertinent data (e.g., action already taken, lapsed appropriation, etc.), to DFAS-POCC/DE, 6760 E. Irvington Place, Denver, CO 80279-7300, for settlement. Telephone numbers are DSN 926-4864, (303) 676-4864, or telefax (303) 676-4782. The claimant will be advised to forward subsequent correspondence regarding the claim directly to the DFAS-POCC/DE.

2. Reserve or active duty administrative units that are filing a claim (MPO's, recalled to active duty orders, beneficial suggestions, Mil/CAP Gold Disk award, DD Form 827: Application for Arrears in Pay, and all other claims against the government for discharged members) for a SMCR or IRR for active duty periods of 31 days or more, must be

submitted to the DFAS-PMMC/KC for action. All claims must be in writing with the appropriate signatures. A point of contact and a commercial and DSN phone number, if applicable, must be provided. Claims can be telefaxed to DSN 465-3129 or (816) 926-3129. If the DFAS-PMMC/KC cannot resolve the claim, they will forward the claim, along with an endorsement stating why the claim could not be settled and other pertinent data (e.g., action already taken, lapsed appropriation, etc.), to DFAS-POCC/DE, 6760 E. Irvington Place, Denver, CO 80279-7300, for settlement. Telephone numbers are DSN 926-4864, (303) 676-4864, or telefax (303) 676-4782. The claimant will be advised to forward subsequent correspondence regarding the claim directly to the DFAS-POCC/DE.

Note: Questions regarding pay discrepancies should be handled as directed by MCO 7220.50.

C. Payment of Claims. DFAS-POCC/DE will prepare a diary entry to credit the MCTFS account or prepare a check for payment, as appropriate.

D. Claims Settled by General Accounting Office

1. Types of Claims Settled

- a. Claims which involve certain interpretations of law or fact.
- b. Claims required by statutes, regulations, or Comptroller General Decisions to be settled by the GAO.
- c. Claims resubmitted for items denied in previous claims.
- d. Claims forwarded to the GAO by DFAS-POCC/DE.

2. Finality of Settlement. A claimant who accepts and cashes a check from the GAO in payment of a claim loses the right to resurrect any portion of the original claim. The claimant should return the check to the GAO with a request for review of the claim by the Comptroller General if not satisfied with the settlement. The request for review will be sent via the DFAS-PMC/KC but not via the member's finance officer.

★E. Cases of Doubtful Entitlement. These are not considered claims, but are cases where the necessary documents are available and the appropriation is current, but the member's entitlement is doubtful. The finance officer may request advice from DFAS-POCC/DE when doubt exists as to whether the payment is proper. If the finance officer still doubts the validity of payment, the case may be presented to the Comptroller General for decision. Figure 17-5 shows an example of doubtful entitlement claim.

F. Records Corrected. Members will not submit a separate claim to DFAS-POCC/DE when the Board for the Correction of Naval Records (BCNR) corrects erroneous records entitling the member to additional pay. The BCNR will provide DFAS-POCC/DE with

an advance copy of the letter of corrections, and DFAS-POCC/DE will automatically process the claim. Finance officers will not pay claims arising from action taken by the BCNR.

G. Disputed Claims. These are claims concerning military pay and allowances, and travel for active duty and reserve members that were submitted for a decision/payment and the claim was disapproved. If a member desires to dispute/appeal the decision, send such claims to the Defense Office of Hearings and Appeals (DOHA), Claims Division, P.O. BOX 3656, Arlington, VA. 22203.

CONSECUTIVE NOE PERIODS: _____

17-13

NOE WORKSHEET	
MEMBER'S NAME: _____ SSN: _____	
NOE PERIOD: _____	
<u>STEP 1</u> A. Pay and Allowances	B. Civilian Earned Income
BP \$	\$
INCENTIVE PAY \$	
BAQ \$	
BAH \$	
BAS \$	
VHA \$	
TOTAL \$	
<u>STEP 2</u> TOTAL IN STEP 1A \$ _____ MINUS TOTAL IN STEP 1B \$ _____ = \$	
<u>STEP 3</u> MISSED DRILLS: _____ () _____ () _____ () _____ () _____ () _____ ()	
TOTAL MONEY AMOUNT FOR MISSED DRILLS: \$ _____	
<u>STEP 4</u> AMT ARRIVED AT IN STEP 2 \$ _____ + AMT ARRIVED AT IN STEP 3 \$ _____ = AMT DUE MBR \$ _____ DO NOT EXCEED AMOUNT IN STEP 1a ABOVE.	
<u>STEP 5</u> AMOUNT ARRIVED AT IN STEP 4 TO PAY MEMBER WILL BE PAID IN THE CODES BELOW IN ORDER AS LISTED:	
BP _____ ()	
IP _____ ()	
BAQ _____ ()	
BAH _____ ()	
BAS _____ ()	
VHA _____ ()	
Pay Technician _____ Auditor _____	

Figure 17-2. NOE Worksheet

NOE WORKSHEET

MEMBER'S NAME: _____ SSN: _____

NOE PERIOD: _____

STEP 1A. LCC \$ _____**STEP 1B. PAY AND ALLOWANCES**

BP \$

INCENTIVE \$

BAQ \$

BAH \$

BAS \$

VHA \$ (If applicable)

STEP 2

COMPARE AMOUNTS a and b ABOVE - PAY LESSER AMOUNT \$ _____

If paying Pay and allowances, pay amount in b above but reduce by amount in Step 3 below. If paying LCC, go on to Steps 3,4,5.

STEP 3

DRILLS PERFORMED AND PAID:

_____ () _____ () _____ () _____ ()
 _____ () _____ () _____ () _____ ()

TOTAL _____

STEP 4

ADD AMOUNT IN:

STEP 1a \$ _____ + Step 3 \$ _____ = AMT DUE MEMBER \$ _____

BUT NOT TO EXCEED ACTIVE DUTY FULL PAY AND ALLOWANCES (AMT IN STEP 1 ABOVE)

STEP 5

PAY AMOUNT DUE MEMBER IN THE CODES BELOW IN ORDER LISTED:

BP _____ ()

IP _____ ()

BAQ _____ ()

BAH _____ ()

BAS _____ ()

VHA _____ ()

Pay Technician: _____

Auditor: _____

Figure 17-3. NOE Worksheet

CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT <i>(Act August 1, 1956, 70 Stat 857, and regulations pursuant thereto)</i>			1. BUREAU VOUCHER NO.	2. D.O.VOUCHER NO. 102
3. APPROPRIATION SYMBOL AND TITLE 17*1105.2762 53691 27 2D 71163 officers 71164 enlisted			4. PAID BY	
THE UNITED STATES, DR. TO:	5. NAME AND ADDRESS OF PAYEE (Street and Number, City and State) Ms. Mary C. Doe, 123 45 6789 1202 Duck Road Grandview, MO 64030			
FOR	THE SIX MONTHS' GRATUITY PAY AS THE RESULT OF THE DEATH OR PRESUMED DEATH IN ACCORDANCE WITH A FINDING BY THE SECRETARY OF THE SERVICE CONCERNED THE SIX MONTHS' GRATUITY PAY IS AN AMOUNT EQUAL TO SIX TIMES THE MONTHLY RATE OF MILITARY PAY (EXCLUDING ALLOWANCES) RECEIVED BY THE DECEASED SERVICE MEMBER AT THE TIME OF DEATH, WITH AN \$800 MINIMUM AND A \$3,000 MAXIMUM			
6. SERVICE PERSON <i>(Last name-First name-Middle initial)</i> DOE, John P.		7. SERVICE NUMBER 689 44 5589	8. GRADE PFC	
9. PLACE OF DEATH Al Qaraah, Saudi Arabia		10. DATE OF DEATH ★2005 0202		11. YEARS SERVICE Over 2 years
12. ADDITIONAL PAY FOR (Identified by type) ImmDangerPay		13. TOTAL MONTHLY PAY (Including Block 12) \$995.10		14. DUE PAYEE \$12,420 .00
15. CERTIFICATE OF PAYEE (Place an "X" in one of the following boxes, according to your relationship to the decedent) I CERTIFY THAT I HAVE NOT RECEIVED THE SIX MONTHS' GRATUITY PAY; THAT _ (a) I AM _HIS WIDOW _HER WIDOWER. (Complete only Block 17 signed by two certifying witnesses) _ (b) I AM A CHILD OF THE DECEDENT, THAT THERE IS NO WIDOW (widower) SURVIVING; THAT THE CONTENTS OF BLOCK 16 ARE ACCURATE AS SHOWN. (If payee is a minor at time of preparation of this form, Block 17a must be completed by the duly appointed				
16. LIST CHILDREN OF THE DECEDENT (If not, so state. Use reverse side if more space is needed)				
17. CERTIFICATE OF WITNESS TO SIGNATURE (Two witnesses are required)			17a. SIGNATURE OF PAYEE (Must be affixed in the presence of two witnesses)	
I CERTIFY THAT I AM PERSONALLY WELL ACQUAINTED WITH THE ABOVE-NAMED PAYEE AND THAT I HAVE READ THE ABOVE STATEMENT WHICH WAS SIGNED IN MY PRESENCE AND THAT SAID STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF				
SIGNATURE AND ADDRESS OF 1ST WITNESS		SIGNATURE AND ADDRESS OF 2D WITNESS		
			ADDRESS OF PAYEE 1202 Duck Road Grandview MO 64030	
18. ADMINISTRATIVE STATEMENT			DATE	
THE ABOVE-NAMED PAYEE IS AUTHORIZED TO RECEIVE THE SIX MONTHS' GRATUITY PAY ON ACCOUNT OF THE DEATH OF THE DECEDENT, THAT BROTHER AND/OR SISTER PAYEES HAVE BEEN SO DESIGNATED BY THE DECEDENT IN THOSE CASES WHERE PARENT(S) ALSO SURVIVE AND THAT PAYMENT THEREOF IS APPROVED IN THE AMOUNT OF \$12,000.00				
PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE			SIGNATURE	
CHECK NUMBER 71,607,210	AMOUNT OF CHECK ★ \$12,420 .00	DATE OF CHECK ★ 5 Feb 2005		
NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 USC 287,1001.			TYPED NAME AND TITLE Capt Don Max, I-I	
DD Form 397 1 Sep 64		S/N 0102-004-2000 *U.S. Government Printing office 1981-703-100/7787 2-1		Form approved by Comptroller General, U.S. November 18, 1957

Figure 17-4. Substantiating voucher for death gratuity

APPLICATION FOR ARREARS IN PAY		INSTRUCTIONS	
(FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES)		SUBMIT IN TRIPLICATE. TYPE OR PRINT. Form for use of service members, former service members, or legal representatives of incompetent members, in claiming arrears of pay, etc. believed to be due. Claimant fills out items 1-7. Disbursing/Finance officer fills out item 8.	
PRIVACY ACT STATEMENT AUTHORITY: GAO Manual, title 2, Section 5 (Revised 1978); and 5 U.S. Code 301. PRINCIPAL PURPOSE: Supports claim to Finance Center for pay which cannot be supported by local records. ROUTINE USES: Claims are submitted because local records are incomplete, or member is separated, or will be separated before missing information can be obtained; or supporting documents are lost; or legislation or administrative decision creates retroactive entitlement which cannot be paid locally. DISCLOSURE: Voluntary. Claim initiated by member is only basis for payment.			
WARNING WHOEVER MAKES OR PRESENTS TO ANY PERSON OR OFFICER IN THE CIVIL, MILITARY, OR NAVAL SERVICE OF THE UNITED STATES, OR ANY DEPARTMENT OR AGENCY THEREOF, ANY CLAIM UPON OR AGAINST THE UNITED STATES, OR ANY DEPARTMENT OR AGENCY THEREOF, KNOWING SUCH CLAIM TO BE FALSE, FICTITIOUS OR FRAUDULENT, WILL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH (62 Stat 698) (18 U.S. Code 287)			
1. CLAIMANT DATA			
a. NAME (Last, first, Middle Initial) Allican, Larry E.		b. SOCIAL SECURITY NUMBER 443 48 7175	c. PAY GRADE E-5
d. RANK SGT			
e. SIGNATURE	f. DATE SIGNED (YYMMDD) XXXX0926	g. MAILING ADDRESS (Street, PO Box, City, State, ZIP Code) "A" CO, 1ST BN, 24TH MAR, 4TH MARDIV FMF	
2. PERIOD FOR WHICH ARREARS ARE BELIEVED TO BE DUE FROM THE U.S.		3. CLAIMANT SERVED IN (X one)	
a. FROM (YYMMDD) XXXX0901		b. TO (YYMMDD) XXXX0908	
4. LAST DATE ENLISTED/ENTERED ON ACTIVE DUTY (YYMMDD) XXXX0912		5. LAST DATE DISCHARGED/RELEASED FROM ACTIVE DUTY (YYMMDD) XXXX0911	
6. PLACE OF DISCHARGE (City, State) MCLB ALBANY, GA		<input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD	
7. FACTS AND CIRCUMSTANCES ON WHICH CLAIM IS BASED (<i>State in sufficient detail to give a clear understanding. Continue on reverse side if additional space is needed.</i>) According to the DoDFMR, I rate prorated subsistence allowance as being a member of the uniformed services. I arrived at my annual training duty (list duty location) under individual orders and was issued a meal card. My assigned duties required me to be absent from my permanent station and my working hours prevented me from eating the noon meal in the Government mess. I had to pay for my meals out in the community. Therefore, I am filing a claim for the prorated subsistence allowance.			
8. DISBURSING/FINANCE OFFICER (Complete only if claimant is on active duty. Continue on reverse side if additional space is needed.) I hereby certify that I have not and will not pay any portion of this claim for the following reasons: Member in receipt of meal card. Duty hours and requirements should not have prevented member from taking advantage of Government meals. Doubtful entitlement.			
a. NAME (Last, First, Middle Initial) Greely, Rachel U.		b. UNIT/COMMAND NAME "A" CO, 1ST BN, 24TH MAR, 4TH MARDIV FMF	
c. SIGNATURE		d. DATE SIGNED (YYMMDD) XXXX0929	e. Disbursing officer symbol no. 4117
ATTACH ALL AVAILABLE DOCUMENTARY EVIDENCE IN SUPPORT OF CLAIM AND MAIL TO			
ARMY Commander U.S. Army Finance & Acctg Center (Dept. 70) Indianapolis IN 46249-0865	NAVY Commanding Officer U.S. Navy Finance Center Anthony J. Celebrezze Federal Building Cleveland OH 44199-2055	AIR FORCE Commander HQAFAC Code: CC Denver CO 80279-4000	MARINE CORPS DIRECTOR, DFAS-DE CENTER, 6760 IRVINGTON PLACE, DENVER, CO 80279-7300
COAST GUARD Commanding Officer (S&R) USCG Pay and personnel Center 444 SE Quincy Street Topeka KS 66683-0000			
DD Form 827, MAR 85 S/N 0102-LF-008-2302 Previous editions are obsolete. *U.S. Government Printing Office: 1986-606-009/46193 2-1			

Figure 17-5 Example of an application for arrears in pay